



11-03-03

1635

AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66784-013 (P-NS 4970)	
SERIAL NO: 09/990,185	FILING DATE: November 21, 2001	EXAMINER: J. Angell	GROUP ART UNIT: 1635 CONFIRMATION NO.: 1224
INVENTION: EXPRESSION OF POLYPEPTIDES IN ROD OUTER SEGMENT MEMBRANES			

TO: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"  
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 401710912 US  
DATE OF DEPOSIT: October 30, 2003  
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED  
WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST  
OFFICE TO ADDRESSEE" SERVICE 37 C.F.R. 1.10 ON THE DATE  
INDICATED ABOVE, AND IS ADDRESSED TO: COMMISSIONER FOR  
PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

Carrie Hines

(TYPED OR PRINTED NAME OR PERSON MAILING PAPER OR FEE)

  
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed July 30, 2003, in the  
above-identified application.

☒ Small Entity status of this application has been established under 37 CFR 1.27

☐ Petition for Extension of Time is enclosed (in duplicate).

☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.

☒ No additional claims fee is required.

☐ An additional claims fee is required and has been calculated as shown below:

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TECH CENTER 1600/2900

## CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
						SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	34	- 38	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	3	- 3	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES	xx	NO	\$140	\$280	=	\$0.00	\$
						TOTAL ADDITIONAL FEE			\$0.00	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER  
PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.


☐ Please charge my Deposit Account No. 502624 the amount of \$\_\_\_\_\_, \$ of which  
covers the fee for a \_\_\_\_\_-month extension of time. A duplicate copy of this sheet is  
enclosed.

☒ The Commissioner is hereby authorized to charge payment of any fees associated with  
this communication or credit any overpayment to Deposit Account No. 502624. A  
duplicate copy of this sheet is enclosed.

Inventors: Palczewski et al.  
Serial No.: 09/990,185  
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X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

  
\_\_\_\_\_  
David A. Gay  
Registration No. 39,200

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